

MISSOURI ETHICS COMMISSION NON-COMMITTEE EXPENDITURE REPORT

| REPORT DATE | 2. FUNCTION OF REPORT (CHEC | OFFICE USE ONLY | |
|-------------|-----------------------------|-----------------|--------|
| | INDEPENDENT EXPENDIT | 0-10 | |
| | STATEMENT (S-1) | OR | |
| 4/06/2015 | INTERNAL DISSEMINATION | | |
| 770072013 | REPORT (S-2) | | 1' 014 |

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| 2.58131 05. 5 | IONS ON REVERSE SIE | DE | | 04/06/2015 | INTERNAL DISSEMINA REPORT (S-2) | TION | IN AN | |
|---|--|------------------------------|----------------------|--|---------------------------------------|------------------|------------|--|
| 3. NAME OF PERSON OR Raytown Community | | NDITURE(S | 5) | | | N15100 | | |
| 4. MAILING ADDRESS | 4 E 63rd Street , R | - Housel N | 10 64132 | | 5. TELEPHONE NUMBER | | • | |
| | 6-225-0220 | | | | | | | |
| CITY / STATE / ZIP: 6. TYPE OF ELECTION (C | | | | | | | | |
| PRIMARY | 4/07/2015 | | | | | | | |
| 8. TYPE OF REPORT (CH | | /ITHIN 14 DA | AYS OF ELE | CTION 🗾 | ADDITIONAL REPORT | OTHER | | |
| 9. NAME OF CANDIDATE OR BALLOT MEASURE | 10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION | 11.CHECK ONE SUPPL OPP | EXF 12. PA | HEDULE OF PENDITURES YEE NAME AND ADDRESS | 13. NATURE AND PURPOSE OF EXPENDITURE | 14. DATE MADE | 15. AMOUNT | |
| Home Rule Charter | Raytown | | l . | e Printing and | Mailer | | | |
| | | | | s, 1146 Harrisor | ו | | | |
| | | |) 3 | t, KCMO | | 04/05/2015 | 2003.39 | |
| Home Rule Charter | Raytown | | E . | e Printing and , 1146 Harrison KCMO | Sales Tax | | | |
| | | V | | KOWIO | | 04/05/2015 | 36.99 | |
| Home Rule Charter | Raytown | | | lutions, 8958 E. Raytown, MO | Sales Tax | | | |
| | | V | | | | 04/05/2015 | 79.95 | |
| Home Rule Charter | Raytown | | • | Printing, PO BO | X Printing | 0 1/00/2010 | | |
| | | / | | | | 04/05/2015 | 129.87 | |
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| | | | WHEE | ouri Ethics Co | | | | |
| | | | | APR 0 8 20 |) 15 | | | |
| 16 TOTAL EXPENDI | TUDES MADE (TO | TAL COLL | MN 15\ | | | \$ | 2250.20 | |
| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) | | | | | | | 151004 | |
| 17. VERIFICATION: I CERTIFY THAT-THIS REPORT IS TRUE AND COMPLETE M.E. SIGNATURE OF PERSON MAKING-THE EXPENDITURE(S) OR AN AUTHORIZED AGENT | | | | | | | 10100-7 | |
| SIGNATURE OF PERIODS INCIDENTIAL AND INCIDENT | | | | | | | 4-5-15 | |

MO 300-0697 (10-06)

MAILING ORIGINAL AS WELL

S-1 OR S-2